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| APPLICATION NO.  | FILING DATE        | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO |
|--|--------------------|----------------------|---------------------|-----------------|
| 10/656,711   | 09/05/2003         | Mark T. Ryan         | UNA6053P0341US      | 8276            |
| 32116 7:   | 590 03/03/2006     |                      | EXAMINER            |                 |
| •  | LLIPS, KATZ, CLARK | SHRIVER II, JAMES A  |                     |                 |
| 500 W. MADISON STREET<br>SUITE 3800<br>CHICAGO, IL 60661 |                    |                      | ART UNIT            | PAPER NUMBER    |
|  |                    |                      | 3618                |                 |

DATE MAILED: 03/03/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

| SPE RESPONSE F   | FOR CERTIFICATE OF CORRECTION  |
|--|--|
|  | Paper No.: 2/23/00   |
| DATE : Jan. 17, 2006   | raperito   |
|  |  |
| TO SPE OF : ART UNIT 3618 (  | Christopher Ellis)   |
| SUBJECT : Request for Certificate of Co  | prrection on Patent No.: 6,923,456   |
| A response is requested with respect to the                                      | ne accompanying request for a certificate of correction.   |
| Please complete this form and return v   |  |
|  | orrection Branch - South Tower - 9A22  |
| If response is for an IFW, return to en MADRAS.                                  | nployee (named below) via PUBSCofC Team in   |
| With respect to the change(s) requested,   | correcting Office and/or Applicant's errors, should the correction (COCIN)? No new matter should be introduced, nor changed. |
| Please see requested change in claim 1. Your o                                   | denial or approval <u>decision</u> is needed below.  |
|  | <u>sp</u>  |
| Thank You For Your Assistance  | Certificates of Correction Branch  Tel. No. 703-308-9390 x120  |
|  | 1 et. 140. 7 03-500-3590-x1/20   |
| The request for issuing the above-id  Note your decision on the appropriate box. |  |
| Approved   | All changes apply.   |
| ☐ Approved in Part   | Specify below which changes do not apply.  |
| ☐ Denied   | State the reasons for denial below.  |
| Comments:  |  |
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PTOL-306 (REV. 7/03)